MULTIPLE DENT CLAIM FEE (** TION SHEET (FOR TIPE FORM PTO-878)

PILING DATE

| · | | ÇI | LAIMS | | • . | | | | |
|--|---|---------------|-------|------------------------------|---|---------------------------------------|--|--|------------|
| FILED POR APTER | MENT 2nd AM | TER | | 0 | | ۰ . | | o . | |
| DEP. IND. E | EP. IND. | DEP. | - | IND. | DEP. | IND. | 800 | | _ |
| | | | 61 | | Dar. | ing. | DEP. | IND. | + |
| | <u> </u> | | 52 | | | | | | ┿ |
| | 4 | | 53 | | | V | 7 | <u> </u> | ┿ |
| 144 | 4 | | 54 | | | | | | + |
| 1581 | μ_{\perp} | | 55 | | | | | | + |
| 0 | // | | 56 | | | | | | +- |
| | | | 57 | | | | | | + |
| 1551 \ /. | /- | | 58 | | | | | | + |
| \ \ \ - \ - \ - \ - \ - \ - \ | -/- | <u> </u> | 59 | | | | | | \vdash |
| | -/- | | 60 | | | • | · | | |
| | -/- | | 61 | | | | | | |
| ╏╸╻╸╏╸┖╶╏╸ ┞ ╸ | 7 | | 62] | | | | | | |
| | 1 | | 63 | | | | | | |
| | / | | . 64 | | | | | | |
| | / | | 65 | | | | | | |
| 3 / | $\overline{}$ | | 66 | | | | | | |
| | <u> </u> | | 67 | | | | | | |
| | | | 68 | | | | | | _ |
| <u> </u> | | | 69 | | | | | | |
| | | | 70 | | | | | $\overline{}$ | |
| <u> </u> | | | 71 | | | | | | |
| | | | 72 | | | | | | |
| : | | | 73 | | | | | | |
| | | | 74 | | | | | | - |
| | - - | | 75, | · | | | | | |
| | | —— ` | 78 | | | | | | |
| | | | 77 | | | | | | |
| | - - | | 78 | | | | | | |
| | | | 78 1 | | | _ | | | |
| | | | 80 | | | | | _ | |
| | | | 81 | | | | _ | _ | |
| | | | 83 | | | | | _ | |
| | | | 84 | | | | | | |
| | | | 85 | | | | | | |
| | | | 86 | | | | | | |
| | | | 87 | | | | | | |
| | | | 88 | | | | | | |
| | | | 89 | | _ | | | | |
| | | | 90 | | | | | | |
| | | | 91 | | | | | | — |
| | | | 92 | | $\neg \vdash \neg$ | | | _ | |
| | 1 | | 93 | | | | | + | |
| | | | 94 | | | | | _ | |
| | | | 95 | | | | | | |
| | | | 96 | | | | | | |
| | | | 97 | | | | | +- | |
| | | | 98 | | | | | | |
| | | | 99 | | - | | | | _ |
| | | I | 100 | | | | | | _ |
| 1 2 1 | . 1 | | TOTAL | 1 . | | + | | + | |
| 8 /2 00 | ليب ا | | | | | | · | إل | , |
| | (de- | | | | | | | | |
| ļ | () 137 - 2-2-2-1 | 77 | 17 | 100 TOTAL IND. 15 TOTAL DEP: | 100 TOTAL IND. TOTAL DEP: TOTAL DEP: TOTAL DEP: | 100 TOTAL NO. TOTAL DEP. TOTAL CLAIMS | 100 TOTAL ND. TOTAL DEP: TOTAL CLAIMS | 100 TOTAL IND. TOTAL DEP: TOTAL CLAIMS | TOTAL DEP: |

OMÁY BE USED POR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE POTON ON TRACEMENT OFFICE